

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Name

Social Security Number

I hereby authorize _____, hereinafter referred to as District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

You may also attach a voided check to ensure accuracy.

Financial Institution Name

Routing Number

Account Number

1. _____
 % _____ or Amount _____ _____ Checking _____ Savings

2. _____
 % _____ or Amount _____ _____ Checking _____ Savings

3. _____
 % _____ or Amount _____ _____ Checking _____ Savings

This agreement is to remain in full force until the District has received written notification from me of its termination in such timely manner as to afford the District and Financial Institution a reasonable opportunity to act on it.

Signature

Date

Email my Direct Deposit information to: _____

Note: It is critical that this information is correct so that money will be deposited in the correct account at the appropriate bank. If you have questions about obtaining the correct routing or account numbers, please contact your financial institution.